

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90068 007 \*\*\*150.00

0464223 AV

**DOCUMENT # P00000063820**

1. Entity Name

**TASTEBUDS BY GRAMONY, INC.**

Principal Place of Business

Mailing Address

~~8888 PINETREE DR.~~

~~P.O. BOX 3343~~

~~SEMINOLE FL 33772~~

~~SEMINOLE FL 33772~~

195 20th Avenue N.

St. Petersburg, FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3654375**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNELL, MARY E**

~~8888 PINETREE DR.~~

~~SEMINOLE FL 33772~~

Name

**Mary E. O'Connell**

Street Address (P.O. Box Number is Not Acceptable)

**195 20th Avenue N.**

City

**St. Petersburg**

**FL**

Zip Code

**33704**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **O'CONNELL, MARY E**  
CITY-ST-ZIP ~~8888 PINETREE DR.~~  
~~SEMINOLE FL 33772~~

TITLE ☒ Change ☐ Addition  
NAME **195 20th AVE. N.**  
STREET ADDRESS **ST. PETERSBURG, FL**  
CITY-ST-ZIP **33704**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment & DOC# P0000006 3820 1522544

**Douglas F. Edwards, CPA, PA**

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Hillsborough: 813-855-5433

Fax: 813-855-6010

Douglas F. Edwards, CPA

February 18, 2002

**Florida 2002 Uniform Business Report  
(Green Form)**

To: **TASTEBUDS BY GRAMONY, INC.**

1. This tax will be **LATE** after.....**May 1, 2002**
2. Please make your check for.....**\$150.00** (after May 1, 2002, it's \$550.00!)
3. Payable to.....**FLORIDA DEPARTMENT OF STATE**
4. Write your Federal ID Number (59-3654375) on your check.
5. This is for payment of your.....**FLORIDA ANNUAL REPORT FEE**
6. Box 9 should be checked unless you do not file a Florida Intangible tax return.
7. Have a Corporate Officer sign the enclosed green Form in box 13 at the bottom before mailing.
8. Mail the attached forms using the envelope provided, to:

Division of Corporations  
Uniform Business Report  
Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500
9. Retain a signed COPY of the Form for your records.
10. Forward a signed copy of the Report to my office, for my records.

**COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS FORM TO US:**

Date paid 3/22/02 Amount paid \$ 150.00 CK# 103

If you have any questions, please call us.

**Douglas F. Edwards, CPA, PA**